

<i>SERFF Tracking Number:</i>	<i>SYMX-G126949470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47856</i>
<i>Company Tracking Number:</i>	<i>L-10044 1/11</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>L-10044 1/11 Single Premium Life</i>		
<i>Project Name/Number:</i>	<i>L-10044 12/10 Single Premium Life/AR002571000002</i>		

## Filing at a Glance

Company: Symetra Life Insurance Company		
Product Name: L-10044 1/11 Single Premium Life	SERFF Tr Num: SYMX-G126949470	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 47856
Sub-TOI: L08.000 Life - Other	Co Tr Num: L-10044 1/11	State Status: Approved-Closed
Filing Type: Form	Authors: Lisa Hampton, Linda Porter	Reviewer(s): Linda Bird
	Date Submitted: 02/02/2011	Disposition Date: 09/15/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: 03/02/2011		Implementation Date:
State Filing Description:		

## General Information

Project Name: L-10044 12/10 Single Premium Life	Status of Filing in Domicile: Pending
Project Number: AR002571000002	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/15/2011
	State Status Changed: 02/08/2011
Deemer Date:	Created By: Symetra Life
Submitted By: Symetra Life	Corresponding Filing Tracking Number:
Filing Description:	
RE: Symetra Life Insurance Company	
NAIC No. 1129-68608, FEIN: 91-0742147	

### Included Forms:

L-10044 1/11 Single Premium Permanent Life Insurance Policy  
L-10042 1/11 Accelerated Death Benefit Rider for Cognitive Impairment  
and Limited Activities of Daily Living

SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002  
L-10043 1/11 Accelerated Death Benefit Rider for Terminal Illness  
LUC-153 1/11 Single Premium Life Insurance Application  
LUC-154 1/11 Single Premium Life Insurance Application

Dear Sir or Madam:

We are submitting copies of final versions of the above referenced forms for your review, and request that they be reviewed as part of this submission.

The forms are new and do not replace any forms currently in use. The content does not deviate from normal company or industry standards and contain no unusual or controversial items.

We request that the forms included in this submission be approved for use on the approval disposition date.

They are submitted in final printed form and are subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in this form in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change in the text of these forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any law, regulation or standard.

L-10044 1/11 is a Single Premium Permanent Life Insurance policy with a return of premium guarantee.

The Flesch Score is 50.3.

Issue ages are 55 to 85 years.

Surrender and withdrawal charges are specified in the policy and not subject to variability.

The policy will be sold without an illustration.

A Statement of Variability and Actuarial Memorandum are included on the Supporting Documentation tab with this submission.

L-10042 1/11 is a rider that provides acceleration of the death benefit if the insured is unable to perform at least two Activities of Daily Living for a continuous period of at least 90 days due to a loss of functional capacity, or the Insured requires Substantial Supervision to protect himself or herself from threats to health and safety due to Severe Cognitive

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Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

#### Impairment.

The insured can choose to accelerate up to 50% of the Death Benefit up to a maximum of \$250,000. The accelerated amount is paid either in a lump sum paid at the time this rider benefit is elected or in monthly payments over a period up to 10 years.

The Flesch Score is 50.1.

An Actuarial Memorandum is provided for this submission. The required actuarial certification is on the actuarial memorandum.

We have provided copies of the required disclosure documents associated with this accelerated benefit rider. The Disclosure Statement is provided to the owner at policy issue allowing the owner to have knowledge of the interrelationships between/among the riders, state and federal laws. The Claim Disclosures are provided when acceleration is requested but before the acceleration is executed, giving the owner opportunity to evaluate what the acceleration means for policy values. The disclosures are included for informational purposes.

L-10043 1/11 is a rider that provides acceleration of the death benefit if the insured is diagnosed as being terminally ill as defined in the policy form.

The insured can choose to accelerate up to 75% of the Death Benefit up to a maximum of \$250,000. The accelerated amount is paid in a lump sum at the time this rider benefit is elected.

The Flesch Score is 50.7

An Actuarial Memorandum is provided for this submission. The required actuarial certification is on the actuarial memorandum.

We have provided copies of the required disclosure documents associated with this accelerated benefit rider. The Disclosure Statement is provided to the owner at policy issue allowing the owner to have knowledge of the interrelationships between/among the riders, state and federal laws. The Claim Disclosures are provided when acceleration is requested but before the acceleration is executed, giving the owner opportunity to evaluate what the acceleration means for policy values. The disclosures are included for informational purposes.

LUC-153 1/11 is a simplified issue application that will be used with policy L-10044 1/11. The application has a Flesch Score of 50.1. Replacement questions are included in the application.

LUC-154 1/11 is a fully-underwritten application that will be used with policy L-10044 1/11. The application has a Flesch

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Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

Score of 50.0. Replacement questions are included in the application.

The Guarantee of the Death Benefit (form L-9946 5/07, approved June 28, 2007, SERFF #SYMX-125200612) will be used with this contract, as will the LUC-123 7/05 Part II Individual Life Insurance application (approved Sept. 28, 2005, SERFF #USPH?6GHLST397), which will be used in the application process for cases requiring medical underwriting.

Thank you for your consideration of this submission.

Linda Porter  
Symetra Life Insurance Company  
800-796-3872 extension 65495

## Company and Contact

### Filing Contact Information

Linda Porter, State Filings Analyst  
P.O. Box 34690 SC-11  
Seattle, WA 98124-1690

Linda.Porter@Symetra.com  
425-256-8000 [Phone] 65495 [Ext]  
425-256-5466 [FAX]

### Filing Company Information

Symetra Life Insurance Company  
P.O. Box 34690  
Seattle, WA 98124-1690  
(425) 256-8000 ext. [Phone]

CoCode: 68608 State of Domicile: Washington  
Group Code: 1129 Company Type:  
Group Name: State ID Number: 667  
FEIN Number: 91-0742147

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$0.00	02/02/2011	
Symetra Life Insurance Company	\$250.00	02/07/2011	44446564

SERFF Tracking Number:	SYMX-G126949470	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	47856
Company Tracking Number:	L-10044 1/11		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	L-10044 1/11 Single Premium Life		
Project Name/Number:	L-10044 12/10 Single Premium Life/AR002571000002		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/15/2011	09/15/2011
Approved-Closed	Linda Bird	02/08/2011	02/08/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/07/2011	02/07/2011	Symetra Life	02/07/2011	02/07/2011
Pending Industry Response	Linda Bird	02/03/2011	02/03/2011	Symetra Life	02/03/2011	02/03/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L-10043 1/11 Actuarial Memo	Lisa Hampton	09/14/2011	09/14/2011
Supporting Document	L-10042 1/11 Actuarial Memo	Lisa Hampton	09/14/2011	09/14/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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<i>SERFF Tracking Number:</i>	<i>SYMX-G126949470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47856</i>
<i>Company Tracking Number:</i>	<i>L-10044 1/11</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>L-10044 1/11 Single Premium Life</i>		
<i>Project Name/Number:</i>	<i>L-10044 12/10 Single Premium Life/AR002571000002</i>		

Request to reopen filing	Note To Filer	Linda Bird	09/12/2011 09/12/2011
Request to Reopen Filing	Note To Reviewer	Lisa Hampton	09/09/2011 09/09/2011
Additional Filing Fee	Note To Filer	Linda Bird	02/07/2011 02/07/2011

<i>SERFF Tracking Number:</i>	<i>SYMX-G126949470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47856</i>
<i>Company Tracking Number:</i>	<i>L-10044 1/11</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>L-10044 1/11 Single Premium Life</i>		
<i>Project Name/Number:</i>	<i>L-10044 12/10 Single Premium Life/AR002571000002</i>		

## Disposition

Disposition Date: 09/15/2011

Implementation Date:

Status: Approved-Closed

Comment: Extend the use of the accelerated benefit rider to other UL policies. Revised actuarial memorandum submitted and information regarding the additional policies.

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	L-10044 1/11 Actuarial Memo		No
Supporting Document (revised)	L-10043 1/11 Actuarial Memo		No
Supporting Document	L-10043 1/11 Actuarial Memo	Replaced	No
Supporting Document (revised)	L-10042 1/11 Actuarial Memo		No
Supporting Document	L-10042 1/11 Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cognitive Impairment Claim Disclosure		Yes
Supporting Document	Cognitive Disclosure		Yes
Supporting Document	Terminal Illness Claim Disclosure		Yes
Supporting Document	Terminal Illness Disclosure		Yes
Supporting Document	AR Certification		Yes
Supporting Document	AR Certification		Yes
Form	ABR-for Cognitive Impairment and Limited Activities of Daily Living		Yes
Form	ABR-for Terminal Illness		Yes
Form	Single Premium Permanent Life Insurance		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes



<i>SERFF Tracking Number:</i>	<i>SYMX-G126949470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47856</i>
<i>Company Tracking Number:</i>	<i>L-10044 1/11</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>L-10044 1/11 Single Premium Life</i>		
<i>Project Name/Number:</i>	<i>L-10044 12/10 Single Premium Life/AR002571000002</i>		

## Disposition

Disposition Date: 02/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-G126949470 State: Arkansas

Filing Company: Symetra Life Insurance Company State Tracking Number: 47856

Company Tracking Number: L-10044 1/11

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: L-10044 1/11 Single Premium Life

Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	L-10044 1/11 Actuarial Memo		No
Supporting Document (revised)	L-10043 1/11 Actuarial Memo		No
Supporting Document	L-10043 1/11 Actuarial Memo	Replaced	No
Supporting Document (revised)	L-10042 1/11 Actuarial Memo		No
Supporting Document	L-10042 1/11 Actuarial Memo	Replaced	No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cognitive Impairment Claim Disclosure		Yes
Supporting Document	Cognitive Disclosure		Yes
Supporting Document	Terminal Illness Claim Disclosure		Yes
Supporting Document	Terminal Illness Disclosure		Yes
Supporting Document	AR Certification		Yes
Supporting Document	AR Certification		Yes
Form	ABR-for Cognitive Impairment and Limited Activities of Daily Living		Yes
Form	ABR-for Terminal Illness		Yes
Form	Single Premium Permanent Life Insurance		Yes
Form	Life Insurance Application		Yes
Form	Life Insurance Application		Yes

*SERFF Tracking Number:* SYMX-G126949470 *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company *State Tracking Number:* 47856  
*Company Tracking Number:* L-10044 1/11  
*TOI:* L08 Life - Other *Sub-TOI:* L08.000 Life - Other  
*Product Name:* L-10044 1/11 Single Premium Life  
*Project Name/Number:* L-10044 12/10 Single Premium Life/AR002571000002

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/07/2011  
Submitted Date 02/07/2011  
Respond By Date 03/07/2011

Dear Linda Porter,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/07/2011  
Submitted Date 02/07/2011

Dear Linda Bird,

### Comments:

We are addressing your concerns as follows.

### Response 1

Comments: The required certifications are attached.

#### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: AR Certification

Comment:

Satisfied -Name: AR Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for reviewing our filing.

<i>SERFF Tracking Number:</i>	<i>SYMX-G126949470</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47856</i>
<i>Company Tracking Number:</i>	<i>L-10044 1/11</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>L-10044 1/11 Single Premium Life</i>		
<i>Project Name/Number:</i>	<i>L-10044 12/10 Single Premium Life/AR002571000002</i>		

Sincerely,  
Linda Porter, Lisa Hampton

*SERFF Tracking Number:* SYMX-G126949470 *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company *State Tracking Number:* 47856  
*Company Tracking Number:* L-10044 1/11  
*TOI:* L08 Life - Other *Sub-TOI:* L08.000 Life - Other  
*Product Name:* L-10044 1/11 Single Premium Life  
*Project Name/Number:* L-10044 12/10 Single Premium Life/AR002571000002

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/03/2011  
Submitted Date 02/03/2011  
Respond By Date 03/03/2011

Dear Linda Porter,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$250.00 filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/03/2011  
Submitted Date 02/03/2011

Dear Linda Bird,

### Comments:

We are responding to your objection as follows.

### Response 1

Comments: We have added the \$250.00 fee through the EFT function. I apologize for omitting this.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$250.00 filing fee is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Linda Porter, Lisa Hampton

SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

**Amendment Letter**

Submitted Date: 09/14/2011

**Comments:**

RE: Filing: SYMX-G126949470

Forms: L-10042 1/11 – Accelerated Death Benefit Rider for Cognitive Impairment and Limited Activities of Daily Living  
L-10043 1/11 – Accelerated Death Benefit Rider for Terminal Illness

Thank you for reopening this filing.

We are submitting revised actuarial memoranda for the filing and forms referenced above. The filing was approved on 2/8/11. We stated in our filing information that the forms would be used with policy form L-10044 1/11, Single Premium Life Insurance Policy, that was submitted with this filing.

We would like to expand the use of these forms to include additional universal life policies. The policy forms are:

L-10046 1/11, Single Premium Permanent Life Insurance Insurance Policy, filing SYMX-G127020338 approved 2/24/11;  
L-10052 4/11, Single Premium Permanent Life Insurance Policy, filing SYMT-127184907, approved 6/1/11;  
L-10055 6/11, Universal Life Insurance Policy, filing SYMT-127366145, filed 7/28/11 and currently under review;  
L-10056 7/11, Universal Life Insurance Policy, filing SYMT-127368083, filed 8/12/11 and currently under review.

The issue ages for L-10042 1/11, Accelerated Death Benefit Rider for Cognitive Impairment and Limited Activities of Daily Living are 55 – 85.

The issue ages for L-10043 1/11, Accelerated Death Benefit Rider for Terminal Illness are 16 – 19.

Thank you for your consideration of this submission.

Lisa Hampton  
425-256-5468

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: L-10043 1/11 Actuarial Memo**

Comment: A revised actuarial memorandum is attached.



SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

L-10043\_TI\_ActMemo\_8-31-2001.pdf

**User Added -Name: L-10042 1/11 Actuarial Memo**

Comment: A revised actuarial memorandum is attached.

L-10042 -ADL\_ActMemo\_8-31-2001.pdf

*SERFF Tracking Number:* SYMX-G126949470      *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company      *State Tracking Number:* 47856  
*Company Tracking Number:* L-10044 1/11  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* L-10044 1/11 Single Premium Life  
*Project Name/Number:* L-10044 12/10 Single Premium Life/AR002571000002

**Note To Filer**

**Created By:**

Linda Bird on 09/12/2011 10:52 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

09/12/2011 10:52 AM

**Subject:**

Request to reopen filing

**Comments:**

Filing has been re-opened as requested.

*SERFF Tracking Number:* SYMX-G126949470 *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company *State Tracking Number:* 47856  
*Company Tracking Number:* L-10044 1/11  
*TOI:* L08 Life - Other *Sub-TOI:* L08.000 Life - Other  
*Product Name:* L-10044 1/11 Single Premium Life  
*Project Name/Number:* L-10044 12/10 Single Premium Life/AR002571000002

**Note To Reviewer**

**Created By:**

Lisa Hampton on 09/09/2011 09:56 AM

**Last Edited By:**

Lisa Hampton

**Submitted On:**

09/09/2011 09:56 AM

**Subject:**

Request to Reopen Filing

**Comments:**

Could you please reopen this filing? When we submitted these forms we stated that the accelerated death benefit riders would be used with the universal life policy that is a part of this filing. We would like to extend the use of the accelerated benefit to other UL policies. There are no changes to the forms. We would be submitting revised actuarial memoranda and the information regarding the additional policies.

Thank you for your consideration.

Lisa Hampton

*SERFF Tracking Number:* SYMX-G126949470      *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company      *State Tracking Number:* 47856  
*Company Tracking Number:* L-10044 1/11  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* L-10044 1/11 Single Premium Life  
*Project Name/Number:* L-10044 12/10 Single Premium Life/AR002571000002

**Note To Filer**

**Created By:**

Linda Bird on 02/07/2011 11:14 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

02/07/2011 02:29 PM

**Subject:**

Additional Filing Fee

**Comments:**

Please be advised the additional \$250.00 filing fee is not showing up through the EFT function.

SERFF Tracking Number: SYMX-G126949470 State: Arkansas

Filing Company: Symetra Life Insurance Company State Tracking Number: 47856

Company Tracking Number: L-10044 1/11

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: L-10044 1/11 Single Premium Life

Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

## Form Schedule

### Lead Form Number: L-10044 1/11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-10042 1/11	Certificate	ABR-for Cognitive Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.100	L- 10042_111_ Final_201101 07.PDF
	L-10043 1/11	Certificate	ABR-for Terminal Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.700	L- 10043_111_F inal_2011010 6.PDF
	L-10044 1/11	Policy/Cont	Single Premium ract/Fratern Permanent Life al Insurance Certificate	Initial		50.300	L- 10044_111_F inal_2011012 8.PDF
	LUC-153 1/11	Application/Life Insurance	Enrollment Application Form	Initial		50.100	LUC- 153_111_Fin al_20110121. PDF
	LUC-154 1/11	Application/Life Insurance	Enrollment Application Form	Initial		50.000	LUC- 154_111_Fin al_20110121. PDF

**ACCELERATED DEATH BENEFIT RIDER –  
FOR COGNITIVE IMPAIRMENT AND LIMITED ACTIVITIES OF DAILY LIVING**

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The receipt of an Accelerated Death Benefit may be taxable. You should consult your personal tax or legal advisor before applying for this benefit.

You may lose your right to receive certain public funds such as Medicare, Medicaid, Social Security, Supplemental Security Income (SSI), and possibly others.

This Accelerated Death Benefit is intended to qualify under section 101(g) (26 U.S.C. 101(g)) of the Internal Revenue Code of 1986 as amended by public law 104-191.

The Death Benefit and loan value will be reduced if an Accelerated Death Benefit is paid.

***Accelerated Death Benefit***

This rider is made part of the Policy to which it is attached. We will pay an Accelerated Death Benefit as provided by this rider if the Policy is in force and:

- The Insured is unable to perform (without Substantial Assistance from another individual) at least two Activities of Daily Living for a continuous period of at least 90 days due to a loss of functional capacity; or
- The Insured requires Substantial Supervision to protect himself or herself from threats to health and safety due to Severe Cognitive Impairment for a continuous period of at least 90 days.

The Death Benefit will be reduced by the amount of the Accelerated Death Benefit plus accrued interest. Only one Accelerated Death Benefit payment is payable under this rider and exercising this benefit will terminate any other Accelerated Death Benefit rider attached to the Policy.

Any amount payable under an Accidental Death Benefit provided by the Policy will not be affected by this rider.

***Definitions***

In addition to the definitions contained in the Policy, the following definitions apply to this rider.

**Activities of Daily Living** means:

- (a) Bathing: The ability of the Insured to wash himself or herself either in the tub or shower or by sponge bath, including the task of getting into or out of a tub or shower.
- (b) Continence: The ability of the Insured to control bowel and bladder functions; or in the event of incontinence, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- (c) Dressing: The ability of the Insured to put on and take off all items of clothing, and necessary braces, fasteners or artificial limbs.
- (d) Eating: The ability of the Insured to feed himself or herself by getting food and drink from a receptacle (such as a plate, cup, or table) into the body.
- (e) Toileting: The ability of the Insured to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene.
- (f) Transferring: The ability of the Insured to move in and out of a chair, bed, or wheelchair.

**Licensed Health Care Practitioner** means any physician, any registered professional nurse or registered social worker. It does not include the Owner, the Insured, or a member of either the Owner's or Insured's family.

**Severe Cognitive Impairment** means a loss or deterioration in the intellectual capacity that is:

- (a) Comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- (b) Measured by clinical evidence and standardized tests that reliably measure impairment in the Insured's
  - (i) short-term or long-term memory,
  - (ii) orientation as to people, places, or time, and
  - (iii) deductive or abstract reasoning.

**Substantial Assistance** means:

- (a) "Hands-on" assistance – the physical assistance of another person without which the Insured would be unable to perform the Activities of Daily Living; and
- (b) "Standby assistance" – the physical presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.

**Substantial Supervision** means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the Insured from threats to his or her health or safety.

### ***Election and Payment of the Accelerated Death Benefit***

We will immediately pay the Accelerated Death Benefit to the Owner of the Policy or to the Owner's estate subject to the following:

- the Insured is living and the Policy is in force;
- we must receive certification made within the preceding 12-month period by a Licensed Healthcare Practitioner that either:
  - the Insured has been unable to perform (without Substantial Assistance) at least two Activities of Daily Living for a continuous period of at least 90 days due to a loss of functional capacity, or,
  - the Insured requires Substantial Supervision to protect himself or herself from threats to health and safety due to Severe Cognitive Impairment;
- you must elect to take an Accelerated Death Benefit in writing or any other method approved by us;
- any irrevocable beneficiary or assignee must approve payment of the Accelerated Death Benefit in writing or any other method approved by us.
- If there is a difference of opinion regarding the Insured's inability to perform at least two Activities of Daily Living, you have the right to mediation or binding arbitration conducted by a disinterested third party, in accordance with the state law in which this rider is issued. In the case of conflicting opinion, eligibility for benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and us.

If the Primary Insured dies after the Owner elects to receive Accelerated Death Benefits but before any such benefits are received, the election shall be cancelled and the Death Benefit paid pursuant to the Policy.

### ***Exceptions***

This benefit will not be paid if:

- you are required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
- you are required by a government agency to use this benefit to apply for, obtain or keep a government benefit or entitlement; or
- Severe Cognitive Impairment or inability to perform Activities of Daily Living results from intentional self-inflicted injuries within 2 years of the Issue Date.

### ***Amount of Accelerated Death Benefit***

You can choose to accelerate up to 50% of the Death Benefit up to a maximum of \$250,000. You must accelerate at least \$10,000 or 50% of the Death Benefit, whichever is smaller.

You may choose to receive the Accelerated Death Benefit in monthly payments over a period up to 10 years or in a lump sum. You may choose a longer payment period than 10 years with our consent.

If the Insured dies before all payments have been made, we will pay the beneficiary the present value of the payments that remain. We will compute the present value using the same interest rate used to calculate the monthly payments at the time of election. Payment will be made in a lump sum.

We reserve the right to set a maximum monthly benefit amount of \$6,000.

No surrender charge will apply when you receive an Accelerated Death Benefit.

### ***Interest on Accelerated Death Benefit***

We will charge interest on the Accelerated Death Benefit. Interest will accrue daily. The interest rate will be set at the time the Accelerated Death Benefit is paid. The interest rate will be the greater of:

- The current yield on 90 day treasury bills; or
- The current maximum statutory adjustable Policy loan rate based on the Published Monthly Average for the calendar month that ends two months before the date of application for an Accelerated Death Benefit payment. Published Monthly Average means the Monthly Average Corporate yield shown in Moody's Corporate Bond Yield Averages published by Moody's Investors Service, Inc., or any successor.

The interest rate accrued on the portion of the lien that is equal in amount to the cash value of the Policy at the time of the benefit acceleration shall be no more than the Policy loan interest rate stated in the Policy.

### ***Lien Against Death Benefit***

The Accelerated Death Benefit plus any accrued interest will be secured by a lien in our favor against the Death Benefit. This lien has priority over any other person's interest in the Death Benefit, including the beneficiary's interest. Any due but unpaid premium will also be secured by our lien.

The Death Benefit will be reduced by the amount of the lien. The Policy will terminate and no Death Benefit will be paid if the amount of the lien grows to equal the Death Benefit.

### ***Effect on Policy Values***

If the Insured is covered under the basic Policy in addition to or instead of any term insurance rider attached to the Policy, the following applies:

1. The Accelerated Death Benefit will first be applied to repay any outstanding Policy loan and accrued Policy loan interest.
2. Any withdrawal, surrender or Policy loan taken after we pay the Accelerated Death Benefit will be limited to the excess of the net cash surrender value over the lien.

Prior to enacting this change, we will provide you with a statement demonstrating the effect of acceleration on your Death Benefit, and any Policy loans. We will send you an endorsement reflecting any changes as of the effective date of the change.

### ***Termination***

This rider terminates under the following conditions:

- Upon written request
- Upon Termination of the policy

Termination of this rider will not prejudice any payment of benefits for a qualified event that occurred while this rider was in force.

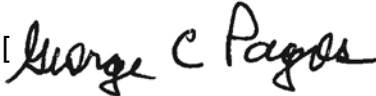


This rider is effective on the Effective Date of the Policy to which it is attached unless a different date is shown below.

Date of issue if other than Effective Date:

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Symetra Life Insurance Company

[  ]

[George C. Pagos]  
[Secretary]

## ***ACCELERATED DEATH BENEFIT RIDER FOR TERMINAL ILLNESS***

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The receipt of an Accelerated Death Benefit may be taxable. You should consult your personal tax or legal advisor before applying for this benefit.

You may lose your right to receive certain public funds such as Medicare, Medicaid, Social Security, Supplemental Security Income (SSI), and possibly others.

This Accelerated Death Benefit for a terminal illness is intended to qualify under section 101(g) (26 U.S.C. 101(g)) of the Internal Revenue Code of 1986 as amended by public law 104-191.

The Death Benefit and loan value will be reduced if an Accelerated Death Benefit is paid.

### ***Accelerated Death Benefit***

This rider is made part of the Policy to which it is attached. We will pay an Accelerated Death Benefit as provided by this rider if the Insured is Terminally Ill. The remaining Death Benefit, if any, is payable upon the Primary Insured's death. Only one Accelerated Death Benefit payment is payable under this rider and exercising this benefit will terminate any other Accelerated Death Benefit rider attached to the Policy.

Any amount payable under an Accidental Death Benefit provided by the Policy will not be affected by this rider.

### ***Definitions***

In addition to the definitions contained in the Policy, the following definitions apply to this rider.

**Terminally Ill** means the Insured has a medical condition determined by a Physician, which is expected to result in the Insured's death within 12 months.

**Physician** is a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) who is legally licensed to practice medicine. Physician does not include the Owner, the Insured, or a member of either the Owner's or Primary Insured's family.

### ***Election and Payment of the Accelerated Death Benefit***

We will immediately pay the Accelerated Death Benefit to the Owner of the Policy or the Owner's estate in a lump sum payment subject to the following:

- the Primary Insured is living and this Policy is in force on the date we receive your election to exercise this benefit;
- we must receive evidence satisfactory to us that the Primary Insured is Terminally Ill. The evidence must include a Physician's certification that the Primary Insured is Terminally Ill. We may, at our expense, require certification by a Physician of our choice. In the case of conflicting opinion, eligibility for benefits shall be determined by a third medical opinion that is provided by a Physician that is mutually acceptable to the Insured and us;
- you must elect to take an Accelerated Death Benefit in writing or any other method acceptable to us;
- any irrevocable beneficiary or assignee must approve payment of the Accelerated Death Benefit in writing.

If the Primary Insured dies after the Owner elects to receive Accelerated Death Benefits but before any such benefits are received, the election shall be cancelled and the Death Benefit paid pursuant to the Policy.

## ***Exceptions***

This benefit will not be paid if:

- you are required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
- you are required by a government agency to use this benefit to apply for, obtain or keep a government benefit or entitlement; or
- terminal illness results from self-inflicted injuries within 2 years of the Issue Date.

## ***Amount of Accelerated Death Benefit***

You can choose to accelerate up to 75% of the Death Benefit up to a maximum of \$250,000. You must accelerate at least \$10,000 or 50% of the Death Benefit, whichever is smaller.

No surrender charge will apply when you receive an Accelerated Death Benefit.

## ***Interest on Accelerated Death Benefit***

We will charge interest on the Accelerated Death Benefit. Interest will accrue daily. The interest rate will be set at the time the Accelerated Death Benefit is paid. The interest rate will be the greater of:

- the current yield on 90 day treasury bills; or
- the current maximum statutory adjustable policy loan rate based on the Published Monthly Average for the calendar month that ends two months before the date of application for an accelerated payment. Published Monthly Average means the Monthly Average Corporate yield shown in Moody's Corporate Bond Yield Averages published by Moody's Investors Service, Inc., or any successor service.

The interest rate accrued on the portion of the lien that is equal in amount to the cash value of the Policy at the time of the benefit acceleration shall be no more than the Policy loan interest rate stated in the Policy.

## ***Lien Against Death Benefit***

The Accelerated Death Benefit plus any accrued interest will be secured by a lien in our favor against the Death Benefit. This lien has priority over any other person's interest in the Death Benefit, including the beneficiary's interest. Any due but unpaid premium will also be secured by our lien.

The Death Benefit will be reduced by the amount of the lien. The Policy will terminate and no Death Benefit will be paid if the amount of the lien grows to equal the Death Benefit.

## ***Effect on Policy Values***

If the Insured is covered under the basic Policy in addition to or instead of any term insurance rider attached to the Policy, the following applies:

1. The Accelerated Death Benefit will first be applied to repay any outstanding Policy loan and accrued Policy loan interest.
2. Any withdrawal, surrender or Policy loan taken after we pay the Accelerated Death Benefit will be limited to the excess of the net cash surrender value over the lien.

Prior to enacting this change, we will provide you with a statement demonstrating the effect of acceleration on your Death Benefit, and any Policy loans. We will send you an endorsement reflecting any changes as of the effective date of the change.

### ***Termination***

This rider terminates under the following conditions:

- Upon written request
- Upon Termination of the policy

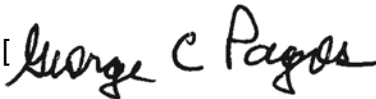
Termination of this rider will not prejudice any payment of benefits for a qualified event that occurred while this rider was in force.

This rider is effective on the Effective Date of the Policy to which it is attached unless a different date is shown below.

Date of issue if other than Effective Date:

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Symetra Life Insurance Company

[  ]

[George C. Pagos]  
[Secretary]

## Life Insurance Policy

**Insured:** [John Doe]  
**Policy Number:** [AA0000000000000000]  
**Face Amount:** [\$100,000]  
**Issue Date:** [01/01/11]

**Class:** [Preferred]  
[Male]  
[Non-Nicotine]

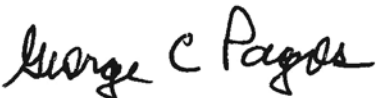
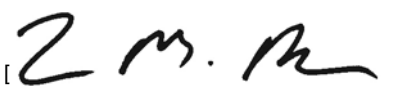
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### **SINGLE PREMIUM PERMANENT LIFE INSURANCE POLICY**

- This policy has been issued in consideration of the application and payment of the single premium.
- Symetra Life Insurance Company will pay the insurance benefits and provide the other rights and benefits of this policy in accordance with its provisions.

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.  
PLEASE READ YOUR POLICY CAREFULLY.**

Signed for Symetra Life Insurance Company, a stock company, at its Home Office on the issue date.

[  ] [  ]  
[George C. Pagos] [Thomas M. Marra]  
[Secretary] [President]

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**RIGHT TO EXAMINE THE POLICY:** Within 30 days after this policy is received, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or any agent of Symetra, or to our Home Office. Upon cancellation, all money will be refunded.

**IF YOU HAVE ANY QUESTIONS, COMMENTS OR COMPLAINTS,  
PLEASE CONTACT SYMETRA LIFE AT 1-800-796-3872**

Single Premium Permanent Life Insurance  
Matures at Age 120  
Nonparticipating

Symetra Life Insurance Company	Home Office:	Mailing Address:
A Stock Company	[777 108th Ave NE	[PO Box 34690
[Phone 1-800 796-3872	Suite 1200	Seattle, WA 98124-1690
TTY/TDD 1-800 833-6388 (Deaf/HH)]	Bellevue, WA 98004]	www.symetra.com]

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**COVERAGE DESCRIPTION -----**

**PRIMARY INSURED:** [JOHN DOE]

**ISSUE DATE:** [JAN 01, 2011]

**SINGLE PREMIUM PAYMENT:** [\$55,218.00]

**MONTHLY  
ANNIVERSARY:** [1<sup>ST</sup> DAY OF EACH MONTH]

**FACE AMOUNT:** [\$100,000]

AMOUNT OF COVERAGE	COVERAGE	MATURITY
[PRIMARY INSURED:	JOHN DOE ISSUE AGE: 65 STATE OF ISSUE: [AA] CLASS: PREFERRED MALE NON-NICOTINE	
\$100,000	LIFE INSURANCE	JAN 01, 2066]

Coverage may expire prior to the Maturity Date shown if premiums paid are insufficient to continue coverage to such date. The disclosure statement you received shows how long coverage will continue on the basis of guaranteed assumptions.



**POLICY NUMBER:** [AA00000000000000]

**COVERAGE DESCRIPTION** -----

A Monthly Deduction will be deducted from the Accumulation Fund on each monthly anniversary. See section 5.1.

[We base the minimum Cash Surrender Values on the 2001 Commissioners Standard Ordinary Age Last Birthday Mortality Tables, classified by male or female, smoker or non-smoker, with a guaranteed crediting rate of 3% per year. Deaths are assumed to occur at the end of the policy year.]

The Interest Rate charged in advance for Policy Loans is 5.66%. See section 5.9.

The Guideline Single Premium for this policy is [\$63,196.61]. The Guideline Annual Premium is [\$5,354.03]. The sum of the premiums paid at any date for this policy should not exceed the greater of:

- The guideline single premium, or
- The sum of the guideline annual premiums to such date.

These limitations are to assure that the Death Benefits paid under this policy are not includable in the gross income of the Beneficiary for federal income tax purposes. See section 2.4.

If the coverage under this policy is decreased, the guideline premiums will change.

The Guideline 7-Pay Premium as defined by the Tax and Miscellaneous Revenue Act of 1988 (TAMRA) is [\$9,088.16.]

[Because of its ratio of single premium payment to insurance your policy will be treated as a Modified Endowment Contract (MEC) as required by the Internal Revenue Code. Amounts taken out while the Insured is still living, including loans and collateral assignments, may be subject to federal income tax. There may be a 10% tax penalty on the taxable amount taken before age 59½.]

**For information about these or other tax matters relating to life insurance taxation, consult your tax advisor.**

**POLICY NUMBER:** [AA000000000000000]

**COVERAGE DESCRIPTION** -----

Table of Surrender Charges (See Sec. 5.12)

Year 1	6.50%
Year 2	6.10%
Year 3	5.70%
Year 4	5.30%
Year 5	4.90%
Year 6	4.50%
Year 7	4.00%
Year 8	3.00%
Year 9	2.00%
Year 10	1.00%
Year 11 and after – no Surrender Charge	

POLICY NUMBER: [AA0000000000000000]

**SCHEDULE OF GUARANTEED MAXIMUM COST OF INSURANCE**

**MONTHLY RATES PER \$1,000**

SCHEDULE FOR PRIMARY INSURED: JOHN DOE

\$100,000		LIFE INSURANCE
AT BEGINNING OF POLICY YEAR	ON JAN 1	LIFE INSURANCE RATE
01	2011	1.3525
02	2012	1.4817
03	2013	1.6167
04	2014	1.7592
05	2015	1.9192
06	2016	2.1058
07	2017	2.3325
08	2018	2.5975
09	2019	2.8767
10	2020	3.1767
11	2021	3.5033
12	2022	3.8717
13	2023	4.3000
14	2024	4.7975
15	2025	5.3550
16	2026	5.9767
17	2027	6.6525
18	2028	7.3683
19	2029	8.1500
20	2030	9.0192
21	2031	9.9858
22	2032	11.0492
23	2033	12.1983
24	2034	13.4200
25	2035	14.7017
26	2036	15.9783
27	2037	17.2350
28	2038	18.5517
29	2039	19.9400
30	2040	21.4025
31	2041	22.8508
32	2042	24.2650
33	2043	25.7717
34	2044	27.3783
35	2045	29.0925

## **1. DEFINITIONS -----**

"We," "our," and "us" mean Symetra Life Insurance Company. The address of our Home Office is 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. Our Administrative Address is PO Box 7902, London, KY 40742-7902. You should send any payments, notices and correspondence to our Administrative Address.

"You" and "your" mean the Owner of the policy at the time an Owner's right is exercised.

## **2. GENERAL PROVISIONS -----**

### **2.1 The Contract**

This policy is issued in consideration of the application and payment of the single premium payment shown in the Coverage Description.

This policy, any riders, benefits, endorsements or amendments, and the attached copy of the initial and all subsequent applications to change the policy make up the entire contract.

### **2.2 Face Amount**

The Face Amount of coverage is shown in the Coverage Description. We do not allow you to increase or decrease the Face Amount of coverage.

### **2.3 Change of Contract**

Only our President, Secretary or one of our Vice Presidents or Assistant Secretaries can modify this policy or waive any of our rights or requirements under it. The person making these changes must put them in writing and sign them.

### **2.4 Applicable Tax Law**

For you and the Beneficiary to receive the tax treatment accorded to life insurance under federal law, this policy must continually qualify as life insurance under the Internal Revenue Code or successor law. Therefore, to secure this qualification we reserve the right to decline to accept premium payments or rate class changes, or to decline to make withdrawals that would cause this policy to fail to qualify as life insurance under applicable tax law as interpreted by us. In the event that this policy fails to qualify as life insurance under applicable tax law as interpreted by us, we will notify you by mail of this fact and inform you of our proposed action. You will have 30 days to tell us if the action we propose is unacceptable. If after 30 days you have not contacted us on this matter, we will take the action we proposed to qualify the policy as life insurance. Any such proposed changes will apply uniformly to all policies that are affected.

### **2.5 Adjustable Policy Cost Factors**

Changes in policy cost factors (credited interest rates, Cost of Insurance deductions and expense charges) will be by class and based upon changes in future expectations for such elements as investment earnings, mortality, persistency, expenses and taxes. Any change in policy cost factors will be determined in accordance with procedures and standards on file, if required, with the insurance supervisory official of the jurisdiction in which this policy is delivered. Gross Interest rates will never be less than 3%.

## ***2.6 Incontestability***

We have the right to contest the validity of this policy based on material misrepresentations made in the application, subsequent applications to change the policy or any amendment to an application. We will not contest the validity of this policy after it has been in effect during the lifetime of any Insured for two years from the Issue Date shown in the Coverage Description. We will not contest any policy change that requires an application, or any reinstatement of the policy, after the change or reinstatement has been in effect for two years during the lifetime of the Insured.

No statement will be used to contest a claim unless contained in an application. All statements made in an application are representations and not warranties.

See any additional benefit riders for modifications of this provision that apply to them.

## ***2.7 Misstatement of Age or Sex***

If an Insured's age or sex has been misstated on any application, the Death Benefit and any benefits provided by riders to this policy will be adjusted. The adjustment will be to an amount that would have been purchased at the correct age or sex using the Cost of Insurance rates in effect on the Issue Date.

## ***2.8 Suicide Exclusion***

If the Insured commits suicide, while sane or insane, within two years of the Issue Date, the proceeds payable will be limited to:

- the premium paid; minus
- any loans and Loan Interest; minus
- any withdrawals of the Net Cash Surrender Value.

## ***2.9 Policy Dates***

The Issue Date is shown in the Coverage Description and is the effective date for all coverage in the original application. Policy years and months are measured from the Issue Date. Each yearly anniversary of the Issue Date is a policy anniversary. A monthly anniversary is the same day of each month that coincides with the issue day of the month. The Coverage Description shows the monthly anniversary for this policy.

## ***2.10 Policy Expiration***

This policy will expire upon the death of the Insured, or upon maturity or surrender for cash, after payment of the proceeds.

## ***2.11 Basis of Computations***

We provide Cash Surrender Values that are at least equal to or more than those required by law. If required to do so, we have filed with the insurance supervisory official of the jurisdiction in which this policy is delivered a detailed statement of our method of computing such values.

The basis for the minimum Cash Surrender Values are described in the Coverage Description.

## **2.12 Annual Report**

On each policy anniversary, we will send you a report. It will show the premiums paid and all expense and insurance charges made since the last report. The report will show the interest credited, current Accumulation Fund, the current Cash Surrender Value, the current Death Benefit, and the amount of outstanding Policy Loans.

We will provide this report at any other time upon your written request. We reserve the right to charge a fee for additional reports. The fee will not exceed \$25.00.

## **3. OWNER AND BENEFICIARY PROVISIONS -----**

### **3.1 Owner**

The Owner of this policy is the Insured unless named otherwise in the application, or later changed.

If this policy is in force and the Insured is living on the Maturity Date, we will pay you the Net Cash Surrender Value as defined in section 5.7. This policy will then end. The Maturity Date is the first policy anniversary after the Insured's 120th birthday.

As Owner, you are entitled to exercise all the rights of this policy while the Insured is living. If you designate an irrevocable Beneficiary or assign the policy, your rights are limited.

### **3.2 Beneficiary**

The Beneficiary is as named in the application, unless later changed. The Beneficiary is entitled to the insurance benefits of this policy. If two or more persons are named, those who survive the Insured will share the insurance benefits equally, unless you have made other arrangements with us.

If there is no designated Beneficiary living at the death of the Insured we will pay the benefits to the Owner or Owner's estate. If any beneficiary dies within 60 days after the Insured, and before payment of any proceeds, payments will be made as though the Beneficiary had died before the Insured. The Beneficiary designation may include provisions that replace these.

### **3.3 Changing Owner or Beneficiary**

While the Insured is living and this policy is in force, you may change the Owner or Beneficiary by sending a written notice to our Administrative Address. The written notice must have the name of the new Beneficiary or name and notarized signature of the new Owner, and be signed by you. As permissible by law, changes related to beneficiaries and ownership will take effect as of the date received in our Administrative Office.

### **3.4 Assignment**

You may assign this policy. We will not accept or be bound by an assignment unless we receive at our Administrative Address a written assignment that is signed by you. Your rights and those of any other person referred to in this policy will be subject to the assignment. We assume no responsibility for the validity of an assignment. A collateral assignment will not change ownership. We will consider an absolute assignment as a change of ownership.

#### **4. PREMIUM PROVISIONS-----**

##### **4.1 Payment of Premium**

The single premium payment shown in the Coverage Description is due on or before delivery of the policy. No insurance will take effect under this policy before the full single premium payment is paid.

##### **4.2 Return of Premiums**

The amount payable upon surrender of this policy will never be less than the sum of all premium paid less any loans, Loan Interest and previous withdrawals. This provision will terminate if a loan is outstanding for more than 6 months.

##### **4.3 Grace Period**

The duration of insurance coverage depends upon the Net Cash Surrender Value being sufficient to cover the Monthly Deductions, as defined in section 5.1. If the Net Cash Surrender Value at the beginning of any policy month is less than such deductions for that month, we will send a written notice to you and any assignee on our records at the last known addresses stating that a grace period of 61 days has begun; starting with the date the notice is mailed. The notice will also state the amount of the premium payment or loan repayment sufficient to cover 3 Monthly Deductions.

If we do not receive the amount stated in the notice at our Administrative Address before the end of the grace period, this policy will terminate without value.

If the Primary Insured dies during the grace period we will pay the insurance benefits as defined in section 6.1.

##### **4.4 Reinstatement**

If this policy has ended without value, you may reinstate it prior to the Insured's age 120 while the Insured is alive if you:

- apply for reinstatement within 5 years after the end of the grace period;
- provide evidence of insurability satisfactory to us;
- make a premium payment in an amount sufficient to keep the policy in force for at least 3 months after the date of reinstatement; and
- pay any indebtedness against the policy.

The Accumulation Fund on the reinstatement effective date will be equal to the premium payment plus indebtedness payment received as required for reinstatement.

The effective date of the reinstated policy will be the monthly anniversary following the date we approve your reinstatement application.

## **5. POLICY VALUE PROVISIONS -----**

### **5.1 Monthly Deductions**

We will make a Monthly Deduction from the Accumulation Fund on each monthly anniversary to cover administrative charges and to provide insurance coverage. The Monthly Deduction is:

- a Monthly Administration Expense for the next month; plus
- the Cost of Insurance for the next month.

### **5.2 Monthly Administration Expense**

The Monthly Administration Expense is equal to 0.25% of the Accumulation Fund on the day prior to the monthly anniversary.

### **5.3 Cost of Insurance**

The monthly Cost of Insurance is our current monthly Cost of Insurance rate divided by 1,000 and multiplied by the result of:

- the current Death Benefit divided by 1.00246627; minus
- the Accumulation Fund after the Monthly Administration Expense.

The current and guaranteed monthly Cost of Insurance rates are based on issue age, policy duration and rating class of the Insured. The guaranteed rates are shown in the Table of Guaranteed Maximum Insurance Cost Rates.

After the first policy year, we may increase or decrease the current monthly Cost of Insurance rates. We may not increase these rates above the guaranteed monthly Cost of Insurance rates. We may increase current rates only once in any 12 month period, but can decrease them at any time. We will notify you of any change in the current rates.

We cannot change the current rates for this policy to adjust for our losses or gains realized prior to the date of change. Any change will be based on our expected future experience with regard to investment earnings, mortality, terminations and expenses. The rates for any supplemental benefits included in this policy will not be changed.

Any change in rates will apply to all Insureds of the same issue age, policy duration and rating class. No changes in rates will discriminate against any Insured for any reason, including changes in insurability.

### **5.4 Interest Rate**

We will establish the net interest rates which are used to determine the Accumulation Fund. For the first policy year we will credit interest to the Accumulation Fund at the net interest rate in effect on the day we receive your single premium. Prior to each subsequent Policy Anniversary,



we will establish the net interest rate that will apply for the upcoming policy year.

Net interest credited to the Accumulation Fund in any month is the amount of gross interest less the Monthly Administration Expense and the Cost of Insurance charge. The gross interest amount is determined by the gross interest rate. The gross interest rate will never be less than an annual effective rate of 3% in any month. A gross interest rate above 3% generates excess interest. Excess interest will be credited at our sole discretion. Excess interest will not be credited to that portion of the Accumulation Fund that is security for any loan.

The net interest rate will determine interest for the Accumulation Fund except in the following circumstances:

- If the net interest rate corresponds to a gross interest rate that is less than 3%, a gross rate of 3% will be credited;
- If there is a loan, the net interest rate will apply only to that portion of the Accumulation Fund that is not security for the loan.

### **5.5 Accumulation Fund**

On each monthly anniversary, we will calculate the Accumulation Fund as:

- the Accumulation Fund on the prior monthly anniversary; plus
- one month's interest; minus
- any withdrawals taken since the prior monthly anniversary.

On any day other than a monthly anniversary, the Accumulation Fund will be:

- the Accumulation Fund on the preceding monthly anniversary; plus
- pro rata compound interest since the preceding monthly anniversary; minus
- any withdrawals taken since the most recent monthly anniversary.

The Accumulation Fund on the Issue Date will be the single premium paid on or before the delivery of this policy, minus the Monthly Deduction for the month following the Issue Date.

### **5.6 Cash Surrender Value**

The Cash Surrender Value on any date is equal to:

- the amount in the Accumulation Fund on that date; minus
- any applicable Surrender Charge.

If the surrender charge is greater than the Accumulation Fund, the Cash Surrender Value is zero.

### **5.7 Net Cash Surrender Value**

The Net Cash Surrender Value is equal to:

- the Cash Surrender Value; minus
- any loan and Loan Interest.

You may give up this policy for its Net Cash Surrender Value at any time while the Insured is living. You may do this by sending us a written request in good order and this policy or a lost policy affidavit. We will compute the Net Cash Surrender Value as of the date we receive your

request and this policy at our Administrative Address.

We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than 6 months after we receive the surrender request. All insurance coverage under this policy ends when payment is made.

### **5.8 Policy Loans**

While this policy is in force, you may borrow money from us on the sole security of this policy. The maximum loan amount is:

- 90% of the Net Cash Surrender Value of this policy; minus
- interest on the loan to the next policy anniversary.

You may borrow all or part of the maximum loan available. The minimum loan amount is \$1,000.00. We have the right to postpone making a Policy Loan for the period permitted by law. We will not postpone a Policy Loan for more than 6 months after we receive the written loan request.

If any loan is outstanding for more than 6 months, the Return of Premium provision (see section 4.2) will terminate.

### **5.9 Loan Interest**

Loan Interest is payable in advance and will be charged on any Policy Loan from the date of the loan to the next policy anniversary. Loan Interest will again be due and payable on each Policy Anniversary. If the Loan Interest is not paid, it will be added to the loaned amount and will bear interest at the loan rate.

The rate of interest on any loan will be an annual effective rate of 6% which is equivalent to 5.66% payable in advance.

### **5.10 Loan Repayment**

You can repay all or part of a Policy Loan and Loan Interest in whole or in part at any time while the Insured is alive and this policy is in force. Failure to repay a Policy Loan or to pay Loan Interest will not terminate this policy unless the Net Cash Surrender Value is less than the Monthly Deduction due on a monthly anniversary.

A Policy Loan may have a permanent effect on your benefits under this policy even if it is repaid.

### **5.11 Withdrawal**

You may withdraw a portion of the Accumulation Fund of this policy upon written request. Withdrawing a portion of the Accumulation Fund is considered a partial surrender.

The maximum withdrawal amount is the lesser of:

- 90% of the Net Cash Surrender Value; or
- an amount that will not reduce the Net Cash Surrender Value below \$5,000.

The minimum withdrawal amount is the lesser of:

- \$1,000; or
- 10% of the Accumulation Fund.

The Accumulation Fund will be reduced by the amount of the withdrawal and any associated Surrender Charge. Withdrawals will reduce the face amount of insurance by the same proportion that the Accumulation Fund is reduced.

We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than 6 months after we receive the withdrawal request.

Such withdrawal and resulting reductions will take effect on the date we receive your request in good order at our Administrative Address. We will send you an endorsement to the policy reflecting the change.

We reserve the right to decline a request for a withdrawal of the Net Cash Surrender Value if:

- the Death Benefit would be reduced below the minimum amount for which we would then issue this policy under our rules; or
- we determine that the withdrawal would cause this policy to fail to qualify as life insurance under applicable tax law. See section 2.4.

### **5.12 Surrender Charges**

We will deduct Surrender Charges from your Accumulation Fund if:

- you surrender your policy for its Net Cash Surrender Value; or
- you withdraw in excess of 10% of the Accumulation Fund as determined on the most recent anniversary in any policy year; or
- your policy terminates at the end of the grace period.

For a withdrawal from the policy, the Surrender Charge is equal to the applicable percentage in the table of Surrender Charges shown in the Coverage Description multiplied by the amount of the withdrawal. The Surrender Charge on a withdrawal will not exceed the charge that would be incurred on a full surrender at that time.

For a full surrender, the Surrender Charge is equal to the applicable percentage in the table of Surrender Charges shown in the coverage description multiplied by the single premium less any Surrender Charges on prior withdrawals. Any surrender taken within 30 days following a policy anniversary, will not be less than the value available on that anniversary date.

We will waive Surrender Charges if:

- the total amount withdrawn does not exceed 10% of the Accumulation Fund as determined on the most recent anniversary in the policy year in which the withdrawals are made; or
- the withdrawal is taken after the Insured has been confined to a hospital or skilled nursing facility for 180 consecutive days if:
- the confinement begins after the effective date of the policy; and
- the withdrawal is taken during confinement or within 180 days after confinement ends. You must send us a written request and proof of confinement satisfactory to us within 180 days from initial eligibility.

**Hospital** may be defined in one of two ways. It may mean a lawfully operated institution that is licensed as a hospital by the Joint Commission on Accreditation of Hospitals, or it may mean a lawfully operated institution that gives in-patient treatment under the direction of a staff of physicians and has 24 hour per day care.

**Skilled Nursing Facility** is defined as a health facility or a distinct part of a hospital which provides continuous skilled nursing care on an extended basis. It provides 24 hour per day inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program.

## **6. INSURANCE COVERAGE PROVISIONS -----**

### **6.1 Death of Insured**

We will pay the insurance benefits of this policy to the Beneficiary when we receive at our Administrative Address:

- proof that the Insured died while this policy was in force; and
- all other requirements deemed necessary before such payment may be made.

These insurance benefits include the following amounts for the Insured, which we will determine as of the date of the Insured's death:

- the Death Benefit; minus
- any loan and Loan Interest on the policy; minus
- any overdue deductions if the Insured dies during the grace period.

We will pay interest on the resulting amount from the date we receive due proof of death at the rate we pay under section 7.2, unless otherwise required by law.

Payment of these benefits may also be affected by sections 2.6, 2.7, 2.8 and 4.3. Any special exclusions or limitations are listed in the Coverage Description.

### **6.2 Amount of Death Benefit**

If the Primary Insured dies while the policy is in force, this policy will provide a Death Benefit. The Death Benefit is the greater of:

- the Face Amount on the date of death, or
- the applicable percentage of the Accumulation Fund on the date of death (see below).

The applicable percentage depends upon the attained age, last birthday of the Primary Insured at the beginning of the policy year, as follows:

**TABLE OF APPLICABLE PERCENTAGES**

<u>AGE</u>	<u>PERCENTAGE</u>	<u>AGE</u>	<u>PERCENTAGE</u>	<u>AGE</u>	<u>PERCENTAGE</u>
40 and under	250	59	134	78	105
41	243	60	130	79	105
42	236	61	128	80	105
43	229	62	126	81	105
44	222	63	124	82	105
45	215	64	122	83	105
46	209	65	120	84	105
47	203	66	119	85	105
48	197	67	118	86	105
49	191	68	117	87	105
50	185	69	116	88	105
51	178	70	115	89	105
52	171	71	113	90	105
53	164	72	111	91	104
54	157	73	109	92	103
55	150	74	107	93	102
56	146	75	105	94	101
57	142	76	105	95 and over	100
58	138	77	105		

## **7. BENEFIT PAYMENT PROVISIONS** -----

### **7.1 Optional Methods of Payment**

We will pay the following in a lump sum, unless you choose Option 1 or Option 2 as described below:

- withdrawals;
- surrender of the Net Cash Surrender Value;
- the Accumulation Fund payable on the Maturity Date; and
- the insurance benefits payable on the death of an Insured.

If you do not choose an option before the Insured dies, the Beneficiary will have this right when the Insured dies.

We may require that the payee under any option selected be a natural person. We may require proof of the payee's age if the amount or duration of payments is affected. Selection of an option will also be subject to our rules in effect at the time of selection. Such rules include the minimum amount to be applied under an option and the minimum amount for each payment. All funds held by us under Option 2 will earn interest at a rate of not less than 2% per year.

Payment choices, or any later changes, will take effect when notice is received and recorded, and will control payments made after that time. To the extent permitted by law, amounts applied under these options will not be subject to the claims of creditors or to legal process.

## **7.2 Option 1**

Proceeds may be left on deposit with us. They will earn interest at a rate not less than 2% per year compounded and credited annually. The entire amount, or an amount of \$250 or more, may be withdrawn at any time. We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than six months after we receive the written request.

## **7.3 Option 2**

The Death Benefit may be paid in equal installments for a fixed period of up to 30 years. We show the amount of monthly installments for each \$1,000 of Death Benefit in the Table of Monthly Payments under Option 2 per \$1,000 of Proceeds.

### **TABLE OF MONTHLY PAYMENTS UNDER OPTION 2 PER \$1,000 OF PROCEEDS**

Option 2 Payments for a Fixed Period

<u>Years</u>	<u>Amount</u>	<u>Years</u>	<u>Amount</u>	<u>Years</u>	<u>Amount</u>
1	84.84	11	9.31	21	5.81
2	43.25	12	8.69	22	5.64
3	29.40	13	8.17	23	5.49
4	22.47	14	7.72	24	5.35
5	18.32	15	7.34	25	5.22
6	15.15	16	7.00	26	5.10
7	13.59	17	6.71	27	5.00
8	12.12	18	6.44	28	4.90
9	10.97	19	6.21	29	4.80
10	10.06	20	6.00	30	4.72

Single Premium Permanent Life Insurance  
Matures at Age 120  
Nonparticipating

Symetra Life Insurance Company  
A Stock Company  
[Phone 1-800-796-3872  
TTY/TDD 1-800-833-6388 (Deaf/HH)]

Home Office:  
[777 108th Avenue NE  
Suite 1200  
Bellevue, WA 98004]

Mailing Address:  
[PO Box 34690  
Seattle, WA 98124-1690  
[www.symetra.com](http://www.symetra.com)]

**Symetra Life Insurance Company**

[777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135]

**Send to:** [Attn: Financial Inst. Team Fax: 1-888-274-0802]

[PO Box 84068 | Seattle, WA 98124-9718]

**LIFE INSURANCE APPLICATION  
FOR SINGLE PREMIUM LIFE INSURANCE — PART I LUC-153 1/11**

Page 1 of 4

<b>PERSONAL HISTORY</b>	Insured Name      First      Middle      Last			<input type="checkbox"/> Male <input type="checkbox"/> Female		Soc. Sec. or Tax I.D. #	
	Address      Street/PO Box		City	State		Zip	
	Daytime Phone			Evening Phone			
	<b>1. Within the past 12 months, has Proposed Insured:</b>					Yes	No
	A. been admitted to a hospital or been advised by a medical professional to be admitted for other than joint replacement, simple appendectomy or routine childbirth?					<input type="checkbox"/>	<input type="checkbox"/>
	B. been unable to work or perform their regular activities without assistance such as bathing, getting dressed, or cooking meals for more than 7 consecutive days due to illness or injury?					<input type="checkbox"/>	<input type="checkbox"/>
	C. lost 10 pounds or more other than due to diet or exercise program?					<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL HISTORY</b>	<b>2. Within the past 5 years, has the Proposed Insured had a violation of reckless driving, driving under the influence of alcohol or drugs, or had their license suspended or revoked?</b>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>3. Within the past 5 years, has the Proposed Insured tested positive for or been treated for the Human Immunodeficiency Virus (HIV) infection or been diagnosed by a member of the medical profession as having Acquired Immunodeficiency Syndrome (AIDS) caused by HIV infection or other sickness or condition derived from such infection?</b>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>4. Within the past 5 years, has the Proposed Insured received medical advice, treatment or been hospitalized for:</b>					Yes	No
	Heart disease or disorder		<input type="checkbox"/>	<input type="checkbox"/>	Dementia or Alzheimer's disease	<input type="checkbox"/>	<input type="checkbox"/>
	Tumor, mass or cancer (not basal cell)		<input type="checkbox"/>	<input type="checkbox"/>	Bipolar disorder or suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>
	Stroke or Transient Ischemic Attack (TIA)		<input type="checkbox"/>	<input type="checkbox"/>	Kidney failure	<input type="checkbox"/>	<input type="checkbox"/>
	Lymphoma or leukemia		<input type="checkbox"/>	<input type="checkbox"/>	Pancreas disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
	Diabetes treated with insulin		<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>
	Emphysema		<input type="checkbox"/>	<input type="checkbox"/>	ALS or Lou Gehrig's disease	<input type="checkbox"/>	<input type="checkbox"/>
	If client answers "yes" to one (1) of questions 1-4, they are <i>not eligible</i> for this life insurance product. Please see the "To Apply" section on page A.						
<b>PERSONAL HISTORY</b>	<b>5. Within the past 10 years, has the Proposed Insured received medical advice, treatment or been hospitalized for:</b>					Yes	No
	Anemia or other blood disorder		<input type="checkbox"/>	<input type="checkbox"/>	Diabetes treated with diet or oral medication	<input type="checkbox"/>	<input type="checkbox"/>
	Crohn's disease or ulcerative colitis		<input type="checkbox"/>	<input type="checkbox"/>	Kidney or liver disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONAL HISTORY</b>	Central nervous system disease or disorder		<input type="checkbox"/>	<input type="checkbox"/>	Loss of consciousness or fainting	<input type="checkbox"/>	<input type="checkbox"/>
	Depression or anxiety disorder		<input type="checkbox"/>	<input type="checkbox"/>	Respiratory disease or disorder (not asthma)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>6. Within the past 5 years, has the Proposed Insured been declined or turned down for life insurance?</b>					<input type="checkbox"/>	<input type="checkbox"/>
For any "yes" answer above, please provide physicians' names, address, dates and treatment in the remarks section below, and see the "To Apply" section on page A.							
<b>PERSONAL HISTORY</b>	<b>7. Within the past 24 months, has the Proposed Insured used any form of tobacco or nicotine based products?</b>					Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
<b>REMARKS</b>	Please explain any "yes" answer to questions 1-6, including physicians' names, addresses, dates and treatments. Attach an additional sheet if needed.						
<b>INSURED INFORMATION</b>	Occupation		Annual Income		State or Foreign Country of Birth		
	Height	Weight	Driver's License #			Date of Birth	
	Insurance Needed For: <input type="checkbox"/> Estate Planning <input type="checkbox"/> Other: _____						
	<b>BENEFICIARY NAME</b>		Relationship	Primary	Contingent	%	
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
If Policyowner is other than the Proposed Insured, provide their name and Social Security or Tax I.D. Number: _____							



<b>COVERAGES</b>	<b>Premium \$</b> _____ <b>Amount of Life Insurance Coverage \$</b> _____ <b>Net Credited Interest Rate</b> _____ %				
<b>REPLACEMENT</b>	8. Does the Proposed Insured have other life insurance or annuity contracts with this or any other company? (in force or applied for)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Company	Face Amount	Policy Type	Annual Premium	
	9. To the best of the Applicant's knowledge, will the policy applied for replace any existing life insurance policy or annuity, or is any part of the premium to be paid by policy loan, or cash value on insurance presently in force? (if yes, attach state replacement disclosure)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	10. If the policy being replaced has cash value or surrender charges, please provide this information in the remarks section, on the first page of this application.				
<b>AGENT</b>	11. Does the Applicant have existing life insurance or annuity contracts with this or any other company?			<input type="checkbox"/>	<input type="checkbox"/>
	12. To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?			<input type="checkbox"/>	<input type="checkbox"/>
	13. If replacing, how does this policy better serve the Applicant's needs?				
<b>PAYMENT &amp; TEMPORARY INSURANCE</b>	<b>Premium Payment:</b> <input type="checkbox"/> Wire Transfer Funds to Symetra Life <input type="checkbox"/> Check      Payment with Application \$ _____				
	If your face amount is \$1,000,000 or less and you answered "no" to questions 1-4, you will be covered under the Temporary Life Insurance Agreement if a check is collected for the payment or if you authorize payment by wire (Maximum coverage is \$250,000).				

**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiner, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Personal History section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Max. Coverage is \$250,000.)

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank.**

Signed this \_\_\_\_\_, at \_\_\_\_\_, State of \_\_\_\_\_  
Date City State

\_\_\_\_\_  
Printed Name of Proposed Insured Printed Name of Writing or Authorized Agent

\_\_\_\_\_  
Signature of Proposed Insured (Age 15 or older) Signature of Writing or Authorized Agent

\_\_\_\_\_  
Signature of Applicant/Owner\* if other than Proposed Insured Agent Phone Agent Email

\_\_\_\_\_  
Agent Stat Number

Branch Name \_\_\_\_\_ Branch # \_\_\_\_\_ Rep ID # \_\_\_\_\_

\*If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

## NOTICE OF INSURANCE INFORMATION PRACTICES

**MIB, Inc. (Medical Information Bureau, MIB)** – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com). The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642). Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Investigative Consumer Report** – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

**Disclosure to Others** – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to MIB.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

**Access and Correction** – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

## TEMPORARY LIFE INSURANCE AGREEMENT

**AMOUNT OF COVERAGE:** If the Temporary Life Insurance questions (questions 1-4 in Personal History Section) have been answered "no" and if money has been accepted as advance payment for life insurance and the proposed insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra of \$250,000.

**COVERAGE BEGINS:** Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

**COVERAGE ENDS:** Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

**LIMITATIONS:**

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 years old or more than 85 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made. (For citizens of Missouri, suicide is no defense unless we can show that the insured intended suicide when the application was completed.)
- (e) If the payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

LIFE INSURANCE APPLICATION — PART I LUC-154 1/11

PROPOSED INSURED INFORMATION	Life Insurance for First MI Last <input type="checkbox"/> Male <input type="checkbox"/> Female				Soc. Sec./Tax I.D.			
	Street/PO Box				City		State Zip	
	Phone Number				Best Time to call		Best Day to call	
	Occupation				Annual Income		State of Birth	
	Height		Weight		Driver's License #		Date of Birth	
	Owner if other than Proposed Insured				Soc. Sec./Tax I.D.			
	Owner Address Street/PO Box				City		State Zip	
	Insurance Needed For <input type="checkbox"/> Debt/Family/Business Protection <input type="checkbox"/> Income Replacement <input type="checkbox"/> Retirement/Estate Planning <input type="checkbox"/> Other							
	BENEFICIARY INFORMATION (P-Primary, C-Contingent)							
	Name				Relationship		% P C	
				Any living children born of this marriage or legally adopted to share equally.				
Amount of Coverage \$		Quoted Premium \$		Net Credited Interest Rate (SPL Only) %				
Plan Choice								
<input type="checkbox"/> Term (please select term) <input type="checkbox"/> 10-yr <input type="checkbox"/> 15-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr								
<input type="checkbox"/> Term with Return of Premium (ROP) (please select term) <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr								
<input type="checkbox"/> Universal Life Plan (UL) Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing								
<input type="checkbox"/> Variable Universal Life (VUL) Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing								
<input type="checkbox"/> Single Premium Life (SPL)								
<input type="checkbox"/> Other								
Riders (not applicable for Single Premium Life)								
<input type="checkbox"/> Term Rider On Self (UL Only) \$								
<input type="checkbox"/> Term Rider On others (please complete Part I for each rider) How many? (For Term Life only 1 available)								
<input type="checkbox"/> Insured Children's Benefit (please complete the Part III ICB form)								
<input type="checkbox"/> Waiver								
<input type="checkbox"/> Disability Income Rider for Accidental Injury (Term with ROP Only) \$ Monthly benefit min \$50, max \$3,000 not to exceed 1.5% of the face amount								
<input type="checkbox"/> Other								
RATE CLASS	Rate class applied for (Check one only)							
		Juvenile	Standard (Nicotine)	Non-Nicotine (Standard)	Standard Plus (Nicotine)	Preferred (Non-Nicotine)	Preferred Plus (Non-Nicotine)	Preferred Best (Non-Nicotine)
	Term Plan	N/A						
	Term Plan with ROP	N/A					N/A	N/A
	UL							
	VUL	N/A						
		Juvenile	Traditional (Nicotine)	Traditional (Non-Nicotine)	Preferred (Nicotine)	Preferred (Non-Nicotine)	Preferred Plus (Non-Nicotine)	Preferred Best (Non-Nicotine)
	SPL	N/A					N/A	N/A



<b>AGENT</b>	Does the Applicant have any existing life insurance policies or annuity contracts with this or any other company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
	If replacing, how does this policy better serve the Applicant's needs?		

**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiners, government unit, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Proposed Insured Information section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Maximum Coverage is \$250,000.)

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank.**

Signed this \_\_\_\_\_, at \_\_\_\_\_, State of \_\_\_\_\_  
Date City State

\_\_\_\_\_  
Printed Name of Proposed Insured Print Name of Writing or Authorized Agent

\_\_\_\_\_  
Signature of Proposed Insured (Age 15 or older) Signature of Writing or Authorized Agent

\_\_\_\_\_  
Signature of Applicant/Owner\* if other than Proposed Insured Agent Phone Agent Email

\_\_\_\_\_  
Agent Stat Number

Branch Name \_\_\_\_\_ Branch # \_\_\_\_\_ Cost Center # \_\_\_\_\_ Rep ID # \_\_\_\_\_

\* If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

## NOTICE OF INSURANCE INFORMATION PRACTICES

**MIB, Inc. (Medical Information Bureau, MIB)** – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com). The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642). Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Investigative Consumer Report** – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

**Disclosure to Others** – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to MIB.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

**Access and Correction** – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

## TEMPORARY LIFE INSURANCE AGREEMENT

**AMOUNT OF COVERAGE:** If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the Proposed Insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra Life of \$250,000.

**COVERAGE BEGINS:** Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

**COVERAGE ENDS:** Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

**LIMITATIONS:**

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- (e) If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

SERFF Tracking Number:	SYMX-G126949470	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	47856
Company Tracking Number:	L-10044 1/11		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	L-10044 1/11 Single Premium Life		
Project Name/Number:	L-10044 12/10 Single Premium Life/AR002571000002		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Flesch\_certification\_20101210.PDF

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** Application

**Comments:**

Thr applications are a part of this filing.

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** L-10044 1/11 Actuarial Memo

**Comments:**

**Attachment:**

Actuarial\_Memo\_L10044\_SPL-withROP\_011411\_Final.PDF

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** L-10043 1/11 Actuarial Memo

**Comments:**

A revised actuarial memorandum is attached.

**Attachment:**

L-10043\_TI\_ActMemo\_8-31-2001.pdf

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>

**Satisfied - Item:** L-10042 1/11 Actuarial Memo

**Comments:**



SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

A revised actuarial memorandum is attached.

**Attachment:**

L-10042 -ADL\_ActMemo\_8-31-2001.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

L-10044\_ Statement of Variability.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Cognitive Impairment Claim  
Disclosure

**Comments:**

**Attachment:**

Cognitive\_Claim\_Disclosure\_Final\_LIC-1026.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Cognitive Disclosure

**Comments:**

**Attachment:**

Cognitive\_Disclosure\_LU\_0927\_1210.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Terminal Illness Claim Disclosure

**Comments:**

**Attachment:**

TI\_Claim\_Disclosure\_Final\_LIC-1027.PDF

**Item Status:**

**Status**

**Date:**

SERFF Tracking Number: SYMX-G126949470 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 47856  
Company Tracking Number: L-10044 1/11  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10044 1/11 Single Premium Life  
Project Name/Number: L-10044 12/10 Single Premium Life/AR002571000002

**Satisfied - Item:** Terminal Illness Disclosure

**Comments:**

**Attachment:**

TI\_Disclosure\_LU\_0928\_1210.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** AR Certification

**Comments:**

**Attachment:**

AR Certification II.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** AR Certification

**Comments:**

**Attachment:**

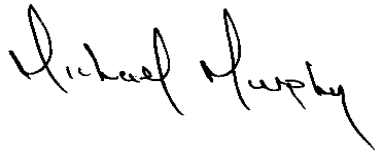
AR Certification.PDF

## Symetra Life Insurance Company

### Flesch Certification

Form	Flesch Score
L-10044 1/11 Single Premium Permanent Life Insurance	50.3
LUC-153 1/11 Single Premium Life Insurance Application	50.1
LUC-154 1/11 Single Premium Life Insurance Application	50.0
L-10042 1/11 ABR-Cognitive Impairment & Limited Activities	51.0
L-10043 1/11 ABR- Terminal Illness	50.7

I certify that these forms meet or exceed a Flesch Score of 50 as required by the Product Standards of the Interstate Insurance Products Regulation Commission.



Michael Murphy  
Vice President  
Symetra Life Insurance Company

January 24, 2011

## Statement of Variability – Form L-10044 1/11

Policy Jacket	
<b>Insured Name</b>	Name of insured person
<b>Policy Number</b>	Number assigned to policy will vary
<b>Face Amount</b>	Payment made to Symetra Life Insurance under this Policy by or on behalf of the Owner.
<b>Issue Date</b>	Date policy period begins will vary
<b>Rate Class</b>	Varies according to insured
<b>Company Officer Information</b>	This information could change in the future
<b>Name, Address and Phone Number of Company</b>	This information could change in the future
Coverage Description Page 0001	
<b>Primary Insured</b>	Name of insured person will vary
<b>Issue Date</b>	Date policy period begins will vary
<b>Single Premium Payment</b>	Premium amount will vary
<b>Monthly Anniversary</b>	Date will vary depending on policy start date
<b>Face Amount</b>	Will vary depending on policy
<b>Primary Insured</b>	Name of insured person will vary
<b>Issue Age</b>	Will vary according to insured person
<b>Class</b>	Will vary according to insured
<b>Amount of Coverage</b>	Will vary according to insured
<b>Maturity Date</b>	Will vary according to insured
Coverage Description Page 0002	
<b>Cash Surrender Values</b>	<p>For preferred classes, this language will be used:</p> <p><i>We base the minimum Cash Surrender Values on the 2001 Commissioners Standard Ordinary Age Last Birthday Mortality Tables, classified by male or female, smoker or non-smoker, with a guaranteed crediting rate of 3% per year. Deaths are assumed to occur at the end of the policy year.</i></p> <p>For traditional classes, this language will be used:</p> <p><i>We base the minimum Cash Surrender Values on 250% of the 2001 Commissioners Standard Ordinary Age Last Birthday Mortality Tables, classified by male or female, smoker or non-smoker with, with a guaranteed crediting rate of 3% per year. Deaths are assumed to occur at the end of the policy year.</i></p>
<b>Guideline Single Premium</b>	Will vary depending on the single premium paid and the insured
<b>Guideline Annual Premium</b>	Will vary depending on the single premium paid and the insured

<b>Guideline 7-Pay Premium</b>	Will vary depending on the single premium paid and the insured
<b>Modified Endowment Contract (MEC)</b>	<p>The policy may be a non-MEC at issue. If the policy is not a MEC at issue, then it will include this language:</p> <p><i>The Guideline 7-Pay Premium as defined by the Tax and Miscellaneous Revenue Act of 1988 (TAMRA) is [amount will vary based on the premium paid and the insured].</i></p> <p>If it is a MEC, the following language will also be used:</p> <p><i>Because of its ratio of single premium payment to insurance, your policy will be treated as a Modified Endowment Contract (MEC) as required by the Internal Revenue Code. Amounts taken out while the Insured is still living, including loans and collateral assignments, may be subject to federal income tax. There may be a 10% tax penalty on the taxable amount taken before age 59 ½.</i></p>

<b>LUC-153/DC 1/11 &amp; LUC-154/DC 1/11 Application Forms</b>	
<b>Company Address, Mailing Address and Telephone Number</b>	The company address, mailing address, and telephone numbers have been bracketed as variable to allow for future address changes. The telephone number on the application has been bracketed as variable to allow for future telephone number changes.

## CLAIM DISCLOSURE

### Accelerated Death Benefit Rider For Cognitive Impairment and Limited Activities of Daily Living

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**If you receive payment of an accelerated benefit under this policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security Income ("SSI"), and possibly others. Also, the receipt of an accelerated death benefit may be taxable. You should consult your personal tax or legal advisor before applying for this benefit.**

**The Accelerated Death Benefit is intended to qualify under Section 7702B (26 U.S.C. 7702B) of the Internal Revenue Code of 1986 as amended by Public Law 104-191.**

This Disclosure is intended to help you understand the Accelerated Death Benefit Rider for Cognitive Impairment and Limited Activities of Daily Living and does not change any provisions of the policy or rider.

1. You may elect to receive an Accelerated Death Benefit if:
  - a) the election is made while the policy is in force; and
  - b) you have obtained the written consent of any collateral assignee or irrevocable beneficiary; and
  - c) the Insured qualifies for the Accelerated Death Benefit as defined in the rider.
2. If you elect to receive the Accelerated Death Benefit, we will pay the benefit in a lump sum or monthly payments when the requirements are met as defined in the rider.
3. You can choose to accelerate up to 50% of the available Death Benefit up to a maximum of \$250,000. The minimum amount you must accelerate is at least \$10,000 or 50% of the Death Benefit, whichever is smaller.

If your policy has a loan, the amount you receive will be less than the amount you elect because we will reduce the accelerated death benefit payment by the amount of the outstanding loan.

4. Upon payment of an Accelerated Death Benefit your policy will continue but will include a lien against the death benefit. The lien will accrue interest and the death benefit paid to your beneficiary will be reduced by the amount of the lien.
5. There is no premium charge for the Accelerated Death Benefit.

6. Accelerated Death Benefit amount and payout method information:

Accelerated Death Benefit Amount \_\_\_\_\_

Payout Method ☐ Monthly payment for \_\_\_\_\_ year(s)  
☐ Lump sum payment

Interest rate used in calculation of monthly payout amount \_\_\_\_\_ %

Payout Amount \_\_\_\_\_

7. The Accelerated Death Benefit you have elected will have the following effect upon your policy:

	Values, prior to electing benefit	Values, after electing benefit
a. Death Benefit*	\$	\$
b. Accumulation Fund, if any*	\$	\$
c. Outstanding Loan and Loan interest, if any	\$	\$
d. Cash Surrender Value, if any*	\$	\$
e. Policy Premium	\$	\$
f. Level term insurance, if any	\$	\$

\*Access to these amounts will be limited to amount in excess of the lien.

8. Benefit Limitations

- This Accelerated Death Benefit is NOT a long-term care or nursing home insurance policy. The amount it pays may not be enough to cover medical, nursing home or other bills.
- Unlike conventional life insurance proceeds, the Accelerated Death Benefit payable under this agreement may be taxable. You may wish to consult your tax advisor prior to electing this benefit.
- Receipt of an Accelerated Death Benefit may adversely affect your eligibility for Medicaid, Supplemental Security Income ("SSI") or other government benefits. Contact the Medicaid unit of your local Department of Public Welfare and Social Security Administration office for more information.
- Upon receipt of accelerated benefits your decision to exercise this benefit is irrevocable.

I have read and reviewed this disclosure and agree to the effects on my policy as described above.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assignee (if any)

\_\_\_\_\_  
Irrevocable Beneficiary (if any)

\_\_\_\_\_  
Date

## **DISCLOSURE STATEMENT ACCELERATED DEATH BENEFIT RIDER – FOR COGNITIVE IMPAIRMENT AND LIMITED ACTIVITIES OF DAILY LIVING**

**If you receive payment of an Accelerated Death Benefit under this policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security Income (“SSI”), and possibly others. Also, the receipt of an Accelerated Death Benefit may be taxable. You should consult your personal tax or legal advisor before applying for this benefit.**

**The Accelerated Death Benefit is intended to qualify under Section 7702B (26 U.S.C. 7702B) of the Internal Revenue Code of 1986 as amended by Public Law 104-191.**

This disclosure is intended to help you understand the Accelerated Death Benefit Rider – For Cognitive Impairment and Limited Activities of Daily Living. It does not change any provisions of the policy or rider.

The Accelerated Death Benefit Rider – For Cognitive Impairment and Limited Activities of Daily Living is an acceleration of life insurance proceeds. As defined in the Rider, this benefit may be used to provide funds if the Insured requires Substantial Supervision due to Severe Cognitive Impairment or is unable to perform 2 or more Activities of Daily Living for a continuous period of at least 90 days. This is not health, nursing home or long-term care insurance. The benefit provides assistance by advancing a portion of the policy’s Death Benefit.

This benefit is included in your policy at no charge. If you elect the benefit, you may choose to receive the proceeds in monthly payments or in a lump sum. You may use the proceeds for any purpose you choose.

If you elect to use the available benefit your policy will remain in force but will include a lien against the Death Benefit. The lien will accrue interest and the remaining Death Benefit will be reduced by the amount of the lien. Your beneficiary will be entitled to receive any remaining proceeds at the Insured’s death.

If you never make a claim under this benefit, there will be no effect on the policy.



## ***Disclosures***

- A. There is no additional premium charged for this benefit.
- B. As defined in the rider, you may elect the benefit:
- if the Primary Insured is expected to be unable to perform (without Substantial Assistance from another individual) at least two activities of daily living for a continuous period of at least ninety days due to a loss of functional capacity, or
  - the Primary Insured requires Substantial Supervision to protect himself or herself from threats to health and safety due to Severe Cognitive Impairment.
- C. You can choose to accelerate up to 50% of the Death Benefit up to a maximum of \$250,000. You must accelerate at least \$10,000 or 50% of the Death Benefit, whichever is smaller.

If you choose to elect the available benefit, we will reduce the amount of payment by subtracting any outstanding policy loan and your policy will continue with a lien against the death benefit. The actual effect on your policy will be calculated at the time of election.

- D. Payments made under this benefit may be interpreted as taxable income. The receipt or availability of an Accelerated Death Benefit may affect your ability to receive certain government benefits or entitlements. **You should consult your personal tax advisor if you have any questions about how election of the rider may affect your personal situation.**

## CLAIM DISCLOSURE

### Accelerated Death Benefit Rider For Terminal Illness

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**If you receive payment of an Accelerated Death Benefit under this policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security Income ("SSI"), and possibly others. Also, the receipt of an Accelerated Death Benefit may be taxable. You should consult your personal tax or legal advisor before applying for this benefit.**

**The Accelerated Death Benefit for a Terminal Illness is intended to qualify under Section 101(g) (26 U.S.C.101 (g)) of the Internal Revenue Code of 1986 as amended by public law 104-191.**

This disclosure is intended to help you understand the Accelerated Death Benefit for Terminal Illness Rider. It does not change any provisions of the policy or rider.

1. You may elect to receive an Accelerated Death Benefit if:
  - a) the election is made while the policy is in force; and
  - b) you have obtained the written consent of any collateral assignee or irrevocable beneficiary; and
  - c) the Insured has a Terminal Illness as defined in the rider.
2. If you elect to receive the Accelerated Death Benefit, we will pay the benefit in a lump sum when the requirements are met as defined in the rider.
3. You can choose to accelerate up to 75% of the available Death Benefit up to a maximum of \$250,000. You must accelerate at least \$10,000 or 50% of the Death Benefit, whichever is smaller.

If your policy has a loan, the amount you receive will be less than the amount you elect because we will reduce the Accelerated Death Benefit payment by the amount of the outstanding loan.

4. Upon payment of an Accelerated Death Benefit your policy will continue with a lien against the death benefit. The lien will accrue interest and the Death Benefit paid to your beneficiary will be reduced by the amount of the lien.
5. There is no premium charge for the Accelerated Death Benefit.

6. Accelerated Death Benefit amount and payout method information:

Accelerated Death Benefit Amount requested \_\_\_\_\_

Payout Amount \$ \_\_\_\_\_

Interest rate used for policy lien \_\_\_\_\_ %

7. The Accelerated Death Benefit you have elected will have the following effect upon your policy:

	Values, prior to electing benefit	Values, after electing benefit
a. Death Benefit	\$	\$
b. Accumulation Fund, if any	\$	\$
c. Outstanding Loan and Loan interest, if any	\$	\$
d. Cash Surrender Value, if any	\$	\$
e. Level term insurance, if any	\$	\$

8. Benefit Limitations

- a) This Accelerated Death Benefit is NOT a long-term care or nursing home insurance policy. The amount it pays may not be enough to cover medical, nursing home or other bills.
- b) Unlike conventional life insurance proceeds, the Accelerated Death Benefit payable under this agreement may be taxable. You may wish to consult your tax advisor prior to electing this benefit.
- c) Receipt of an Accelerated Death Benefit may adversely affect your eligibility for Medicaid, Supplemental Security Income ("SSI") or other government benefits. Contact the Medicaid unit of your local Department of Public Welfare and Social Security Administration office for more information.
- d) Upon receipt of accelerated benefits your decision to exercise this benefit is irrevocable.

I have read and reviewed this disclosure and agree to the effects on my policy as described above.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assignee (if any)

\_\_\_\_\_  
Irrevocable Beneficiary (if any)

\_\_\_\_\_  
Date

## **DISCLOSURE STATEMENT ACCELERATED DEATH BENEFIT RIDER FOR TERMINAL ILLNESS**

**If you receive payment of an Accelerated Death Benefit under this policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security Income ("SSI"), and possibly others. Also, the receipt of an Accelerated Death Benefit may be taxable. You should consult your personal tax or legal advisor before applying for this benefit.**

**The Accelerated Death Benefit for Terminal Illness is intended to qualify under Section 101(g) (26 U.S.C.101 (g)) of the Internal Revenue Code of 1986 as amended by public law 104-191.**

This disclosure is intended to help you understand the Accelerated Death Benefit for Terminal Illness Rider. It does not change any provisions of the policy or rider.

### ***Accelerated Death Benefit for Terminal Illness***

The Accelerated Death Benefit for Terminal Illness is an acceleration of life insurance proceeds. The benefit may be used to provide funds should the person insured become terminally ill as defined in the policy rider. This is not health, nursing home or long-term care insurance. This benefit provides assistance by advancing a portion of the policy's Death Benefit.

This benefit is included in your policy at no charge. If you elect this benefit, you will receive a lump sum payment in advance of the insured's death. You may use the proceeds for any purpose you choose. You can choose to accelerate up to 75% of the Death Benefit up to a maximum of \$250,000. You must accelerate at least \$10,000 or 50% of the Death Benefit, whichever is smaller.

If you choose to accelerate the available benefit, we will reduce the amount of payment by subtracting any outstanding policy loan and your policy will continue with a lien against the Death Benefit. The lien will accrue interest and the remaining Death Benefit will be reduced by the amount of the lien. Your beneficiary will be entitled to receive any remaining proceeds at the Insured's death. The actual effect on your policy will be calculated at the time of election.

If you never make a claim under this benefit, there will be no effect on the policy.

## **Disclosures**

- A. There is no additional premium charged for this benefit.
- B. As defined in the rider, you may elect this benefit if there is satisfactory evidence the insured's life expectancy is 12 months<sup>1</sup> or less. In most cases, documentation from a qualified physician will suffice. However, we reserve the right to require the insured to submit to one or more examinations by a physician of our choice at our expense to determine eligibility for payment.
- C. Upon payment of an Accelerated Death Benefit your policy will continue with a reduced death benefit. The lien will accrue interest and the death benefit paid to your beneficiary will be reduced by the amount of the lien. This lien has priority over any other person's interest in the Death Benefit, including the beneficiary's interest.
- D. Payments made under this benefit may be interpreted as taxable income. The receipt or availability of an Accelerated Death Benefit may affect your ability to receive certain government benefits or entitlements. **You should consult your personal tax advisor if you have any questions about how election of the rider may affect your personal situation.**

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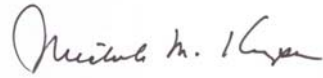
<sup>1</sup> 24 months in MA & WA

State of Arkansas

CERTIFICATION

**L-10044 1/11**

I hereby certify that to the best of my knowledge this filing is in compliance with Regulation 19s 10B and all other applicable requirements of the Department.

A handwritten signature in dark ink, appearing to read "Michele M. Kemper", is positioned above a horizontal line.

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Michele Kemper, V.P.  
Symetra Life Insurance Company

State of Arkansas

CERTIFICATION

**L-10044 1/11**

I hereby certify that we are in compliance with 23-79-138; Bulletin 6-87; Bulletin 11-88; and Regulation 49.

A handwritten signature in cursive script that reads "Laura Johnson".

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Laura Johnson, A.V.P.  
Symetra Life Insurance Company

SERFF Tracking Number:	SYMX-G126949470	State:	Arkansas
Filing Company:	Symetra Life Insurance Company	State Tracking Number:	47856
Company Tracking Number:	L-10044 1/11		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	L-10044 1/11 Single Premium Life		
Project Name/Number:	L-10044 12/10 Single Premium Life/AR002571000002		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/02/2011	Supporting	L-10043 1/11 Actuarial Memo Document	09/14/2011	Actuarial_Memo_ABR_L10043_TI_011811_final.PDF (Superseded)
02/02/2011	Supporting	L-10042 1/11 Actuarial Memo Document	09/14/2011	Actuarial_Memo_ABR_L10042_Cog_Imp-011811_final.PDF (Superseded)